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IN THE

Supreme Court of the United States

October Term, 1972 No. 72-441

DR. SID E. WILLIAMS, DR. TOM MORGAN, *et al.*,
Petitioners

v.

DR. WALTER C. BORNEMEIER, as president, DR. ERNEST B. HOWARD, as Executive Vice President, DR. C. F. HOFFMAN, as Secretary-Treasurer, of the AMERICAN MEDICAL ASSOCIATION; and

DR. RALPH K. RAMSAYER, DR. HENRY A. CRAWFORD, DR. PETER LANCIONE, DR. JOHN D. BRUMBAUGH, DR. FREDERICK T. MERCHANT, DR. ANTHONY RUBBERSBERG, DR. HENRY G. CRAMBLETT, DR. JAMES O. WATSON, serving as the OHIO STATE MEDICAL BOARD, and the OHIO STATE MEDICAL BOARD; and

DR. RICHARD L. FULTON, President, DR. JAMES L. HENRY, Treasurer, and as such serving the OHIO STATE MEDICAL ASSOCIATION,

Respondents

Petition for Writ of Certiorari to the United States Court of Appeals For the Sixth Circuit

To the Honorable Chief Justice and Associate Justices of The Supreme Court of The United States

The above-named petitioner, DR. TOM MORGAN, respectfully prays that a writ of certiorari issue to review

the judgment and opinion of the United States Court of Appeals for the Sixth Circuit entered in this proceeding on April 14, 1972.

OPINIONS BELOW

The opinion and order of the Court of Appeals, not yet reported, appears in the Appendix of the petition of Mr. Frank O. Walther for the other petitioners at pp. 71-72. The Opinion and order by the District Court for the Southern District of Ohio was rendered December 16, 1971. Copy of this opinion also appears at pp. 61-70 in the Appendix of the petition of Mr. Walther for the other petitioners.

JURISDICTION

Jurisdiction for the original action was invoked by section 1984, Title 42, U.S.C.; section 1343, Title 28, U.S.C., and section 26, Title 15, U.S.C.

The judgment of the Court of Appeals for the Sixth Circuit was entered on April 14, 1972. A timely petition for rehearing was denied on May 30, 1972. Mr. Justice White of this Court extended the time within which to file a petition for writ of certiorari up to and including September 15, 1972. Copies of the order appear in the Appendix of the petition of Mr. Frank O. Walther at page 82. On September 13, 1972, Mr. Justice Stewart of this Court further extended the time within which to file petition for certiorari to this petitioner until October 27, 1972. Copy of this Order appears in the Appendix hereto. Jurisdiction of this Court is invoked under section 1254(1), Title 28, U.S.C., and section 1984, Title 42, U.S.C.

QUESTIONS INVOLVED

This petitioner adopts all seven questions presented by Mr. Frank O. Walther in his petition for certiorari for the other petitioners. The following questions are herein added:

8. Since the philosophy and practice of chiropractic is so diametrically opposed to the philosophy and practice of allopathy as to make a unification of the two philosophies illogical, inconsistent, conflicting and contra-indicated, and in the light of the fact that all of the defendants have avowed to put chiropractic out of business by all means available, is giving control of chiropractic over to the allopathic medical board so the board can effect its avowed destruction of chiropractic, not in violation of the Fourteenth Amendment of the Constitution of the United States?

9. Is the Ohio statute which confers this control over the chropractors to the allopaths who have no education or experience or training in chiropractic not unconstitutional under the Fourteenth Amendment?

STATEMENT OF THE CASE

This petitioner adopts in full the Statement of the Case made by Mr. Frank O. Walther in his petition for the other petitioners at page 3 of his petition for writ of certiorari.

FACTS

The petitioner has a certificate to practice chiropractic in Ohio but instead he is compelled to practice in another State, namely, Mississippi. He desires to move to the State of Ohio to practice his profession but he is afraid to do so because of the threats of the defendants to put chiropractic out of business in that State. He has a wife and two children and his wife will soon have another child. The House of Delegates of the Ohio State Medical Association has declared by Resolution to eliminate "all future licensing of chiropractors" in Ohio and that the "resolution be implemented by all means available . . . until such time as its intent is accomplished." The vehicle through which the resolution is now being implemented is the defendant—the Ohio State Medical Board. In the light of these threats and their present implementation by the Ohio State Medical Board the petitioner and his family would be destroyed if he moved to the State of his choice. This petitioner adopts the Statement of Facts presented by Mr. Frank O. Walther for the other petitioners.

ADDITIONAL REASON WHY THE WRIT SHOULD BE GRANTED

To form and operate a tyranny successfully, the would-be tyrants must conjure up a fiction of a superlative class with all dissenters classified as infidels, heretics, sub-human beings, quacks or charlatans. This has always been so whether the tyranny was the fiction of the Divine Right of Kings, the True Religion, the Master Race of Aryans, the White Race of Caucasians on down to the deification of the allopathic ordained members of the American Medical Association. In all instances the dissenters were such heretics, infidels, sub-humans, inherently inferior human beings, or quacks and charlatans. The patterns of the tyranny never varied. Only the type of punishment of the dissenters did. But to succeed, the tyranny must become a joint venture with the State so that the coercive forces of the State can be utilized to inflict the punitive sanctions against dissenters with immunity. The sanctions have varied from excommunication from the True Church with eternal damnation in Hell hereafter, burning at the stake or being thrown to the lions; pushed into the gas ovens by Hitler's Master Race or destroyed by his German Medical Association's ordained membership in the name of science through cruel human experimentation which, incidently, has been continued to quite some extent in the United States (Gross, *The Doctors: Human Experimentation and the Patient*, ch. VII, pp. 286-313). Also, the superlative race of white Americans slaughtering the heathen Indians, and the lynching of the "lower" black people with the blessing and ratification of this Court in the joint venture and which ruled that these black-skinned people "were at that time considered as a subordinate and inferior class of beings who had been subjugated by the dominant race, and, whether emancipated or not, yet remained subject to their authority, and had no rights or privileges but such as those who held power and the Government might choose to grant them." *Dred Scott v. Sandford* (1857) 19 How. 393, 15 L. Ed. 691. It was this Court, the majority of which was

dominated by white racism, in deciding *Dred Scott*, and before it *Barron v. Baltimore* (1833) 7 Peters 243, 8 L. Ed. 672, that among other tragedies, ruled that the black man was sub-human, that inevitably lit the short-fused time bomb that set off the Civil War. By the decision in *Dred Scott*, slavery had then become a divine as well as a human order, and the will of God was ratified by Chief Justice Taney in the *Dred Scott Case*, when he ruled for the majority of this Court that the black people had no rights that the white racists were bound to respect. This travesty against humanity, plus the imbecility of a do-nothing President, plunged the nation into a senseless Civil War, yet unfinished, and when the holocaust came to a technical end, the black slaves, on paper at least, were legally free. It took this Civil War, the Fourteenth Amendment and the subsequent Civil Rights statutes to overrule *Dred Scott*. But this overruling of *Dred Scott* by the People was merely in form and not in fact insofar as this Court was concerned. History would seem to indicate that the majority of this Court held in contempt both Congress and the People of the United States in overruling by constitutional amendment *Dred Scott v. Sandford*. This is indicated by the majority decision of this Court in 1873, the *Slaughter-House Cases* (1873) 16 Wall. 36, in a legal test of the Fourteenth Amendment, in a field far removed from the purposes for which the Amendment was written. In a comprehensive outline of the historical analysis of the Fourteenth Amendment, Flack, *The Adoption of the Fourteenth Amendment* (1908) 94, concluded that "Congress, the House and the Senate, had the following objects and motives in view for submitting the first section of the Fourteenth Amendment to the States for ratification:

> "1. To make the Bill of Rights (the first eight Amendments) binding upon, or applicable to, the States.
>
> "2. To give validity to the Civil Rights Bill.
>
> "3. To declare who were citizens of the United States."

During the greater part of the century after adoption of the Amendment, the deliberate conflicting interpretations were based largely on the whims of what judges, lawyers, teachers, politicians and lay writers wished to believe about its purpose, meaning and force. Undoubtedly the framers intended far more than this Court allowed. Because of the decisions of this Court, reluctant judges disposed to usurp clung to the decisions and opinions that had emasculated the Amendment. As in the instant case before this Court, the Constitution is pushed aside in order to make way for a monopoly on sickness. All tyrants must have a monopoly and must control the power of the State to exist. The chiropractors and the lay plaintiffs who are patients of chiropractors are in the same precarious position as were the dissenters from the Rule by Divine Right, the True Church, the Master Race, or the White Race, all of whom were supported by the power of the State. Like the *Slaughter-House Cases*, this instant case marks "the practical overthrow of the Congressional ideal for the Fourteenth Amendment . . . and reduces the bill of rights of section one to distant potentialities." Charles W. Collins of the Alabama bar, an extreme opponent of the Fourteenth Amendment commented about the *Slaughterhouse Cases*, of 1873, and *United States v. Cruikshank* (1895) 92 U.S. 542 in *The Fourteenth Amendment and the States* (1912). There he wrote:

> "Several years after the adoption of the Amendment (the 14th.), when the various clauses came up to the Supreme Court of the United States for interpretation, the majority of the Court followed, in effect the reasoning of the Democratic opposition, and refused to give effect to the ideals of the Radical Republicans . . . These two cases marked the practical overthrow of the Congressional ideal for the Fourteenth Amendment within seven years after its victorious adoption . . . and reduced the bill of rights of section one to distant potentialities."

Liberty and equality were both rejected by Justice Miller in the *Slaughter-House Cases* on the ground that the Amendment must be emasculated because he and four other members of this Court were unwilling to extend freedom and equality because it would upset the established political and social order of inequality, and produce very serious transitional problems. Chief Justice Chase, and Justices Field, Bradley and Swayne had no such qualms and all stood together in dissent. Subsequently, in 1883, the statute involved in the *Slaughter-House Cases* was repealed. In *Butchers Union Slaughter-House and Live Stock Co. v. Crescent City Live Stock Landing and Slaughter-House Co.*, 111 U.S. 746, 28 L. Ed. 585 (1884), Justice Miller speaking for a unanimous court, and who had written the opinions in the *Slaughter-House Case*, asserted that a state legislature, by granting monopolistic privilege, could not thereby limit the power of the legislature at a later date to exercise the police power in the public interest. Mr. Justice Bradley, joined by Justices Harlan and Woods, concurred in the judgment but on different grounds. They claimed that the repeal of the previously challenged statute raised no constitutional difficulty since the creation of the monopoly was invalid under the Fourteenth Amendment for the reasons stated by Mr. Justice Bradley in his dissent in the *Slaughter-House Cases*. Similarly, Mr. Justice Field, who wrote a separate concurring opinion, relied upon his dissent in the *Slaughter-House Cases* to demonstrate the invalidity of the original grant of monopoly.

However, this Court still refused to implement by decision the true purpose of the Fourteenth Amendment that the Bill of Rights was applicable to and enforceable against the States. The States still continued with impunity to violate the privileges and immunities, and personal rights of life, liberty and property. Their conduct amounted to a Bill of Rights in reverse. The States inflicted cruel and unusual punishment; compelled persons accused of crime to incriminate themselves; subjected defendants to double jeopardy; dispensed with grand jury indictments; denied

jury trials even in criminal cases; abridged freedom of assembly and freedom of free speech. In the same year as *Butchers Union Slaughter-House Case* (1884), 111 U.S. 746, 28 L. Ed. 585, "This erosion of genuine 'due process,' made easier by the earlier washing out of 'privileges and immunities,' started with the gaping hole produced by *Hurtado v. California* (110 U.S. 516), decided in 1884, with Justice Marshall Harlan as the lone dissenter. The California Constitution of 1879 allowed prosecution by information in all cases where grand-jury action had previously been compulsory." Brant, *The Bill of Rights* (1965) p. 356-357. As year followed year, this Court proceeded to strip out of due process, and out of the Fourteenth Amendment, one after another of the protections that Harlan pointed out as equally subject to attack under the Hurtado Case. Thirty years passed before this Court began the slow, intermittent, difficult and painful restoration of the constitutional rights denied. Some of the immediately spawned progeny of this travesty were *Twining v. New Jersey* (1908) 211 U.S. 78 (the right against self-incrimination); *Palko v. Connecticut* (1937) 302 U.S. 319, 82 L. Ed. 288 (the right against double jeopardy); *Adamson v. California* (1947) 332 U.S. 46, 91 L. Ed. 1903 (comment on failure of defendant to take the witness stand); *Betts v. Brady* (1942) 316 U.S. 455, 86 L. Ed. 1595 (The right to counsel). It is only recently that the most enlightened Supreme Court in American history moved against the blind forces of tyranny, prejudice and apathy and restored many freedoms which previous courts had taken away. Presently there are indications that the trend of this Court has again reverted to a period of judicial darkness where the Court will make decisions or refrain from making decisions for political reasons where more often than not such a course will inflict a shameful wound on the Court itself. Probably the best-known example of a politically motivated decision has been already discussed in this petition. *Dred Scott v. Sandford*, 19 How. 393. That decision did not serve what Justice Taney had conceived as a well-motivated political objective. It hastened the

Civil War, rather than averted it. "Indeed, the major effect of the Dred Scott opinion was to weaken the power and the prestige of the Court that issued it, and deservedly so." Arthur J. Goldberg, *Equal Justice* (1971).

The petitioners in this case, both professional and law, are in a minority class as were those who were excommunicated by Rome, burned at the stake or thrown to the lions, or those who were dumped into the gas ovens or suffered death through human experimental tactics until they died raving mad at the hands of the German medical doctors for the Master Race, or the black men who were lynched and slaughtered by the dominant White Racists. The allopaths, in a joint venture with the State of Ohio through the medical board, dominate the scene, and by the statutes of Ohio. Moreover, this dominating school of the healing art has openly avowed by Resolution and otherwise to destroy chiropractic by any and all means available until the "intent" of these Resolutions is accomplished. The allopaths, like the rulers by divine right, the true church, the master race or the white racists, operate on a conscious fiction or myth. This is the myth. There can be only one true profession of medicine—the one, of course that dominates, and has long dominated the scene; that only *its* members, holders of a certain degree from certain approved institutions, are the *bona fide*, rightful, and exclusive inheritors, custodians, proprietors, practitioners and judges of medicine; that only they are, and only they *can* be physicians; that they alone have the divine right to control all aspects of medical practice; indeed, that this is so inexorable a fact of life that only they or their organizations *are* medicine. Many of the courts, and not infrequently, this Court give ratification to this myth by describing allopathy as an unlimited school of healing. This is absolutely false because allopathy is one of the most limited schools of medicine in existence. Take the drugs from allopathy and there is nothing left in that profession. In fact Dr. Oliver Wendell Holmes of the Harvard Medical School believed that this would be a good thing to do and

said: "I firmly believe that if the whole *materia medica* would be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes." In fact it is conceded by eminent medical men that next to heart disease and cancer, allopathy is the greater killer of man. Dr. David M. Spain, professor of pathology at Downstate Medical Center, New York; Dr. David Barr, *The Complications of Modern Medical Practices*, and *The Hazards of Modern Diagnosis and Therapy*; Dr. Elihu M. Schimmel, Yale University School of Medicine, *Annals of Internal Medicine*; Dr. Leighton Cluff, professor of medicine at Johns Hopkins; Dr. Robert E. Desautels, Harvard Medical School; Dr. Louis Hempelmann, University of Rochester Medical School; Dr. John W. Keyes, Henry Ford Hospital in Detroit; Dr. Walter Modell, Cornell University Medical College; Dr. Samuel J. Kowal, Boston University School of Medicine; Dr. Frederick R. C. Johnstone, Vancouver General Hospital; Dr. Howard Holley and Dr. Robert Hogan, Medical College of Alabama; Dr. Luis Fernandez-Herlihy, Lahey Clinic, Boston. The list could go on and on.

Medicine and Medical Practice Defined

A composite of legal decisions respecting "medicine" found in 40 C.J. p. 627 notes 69-89 and 57 C.J.S. p. 1042 can be summarized for popular understanding as follows:

> "The term 'medicine' is not limited to substances supposed to possess curative remedial properties, but has also the meaning of the healing art, the science of preserving health and treating disease for the purpose of cure—whether such treatment involves the use of medical substances or not."

Since the term medicine has "the meaning of the healing art," the science and art of preserving health and treating illness, then it must include all branches, systems, and methods of medicine and medical practice. And since chiropractors, osteopaths, naturopaths, naprapaths,

homeopaths, allopaths, and surgeons are all endeavoring to preserve health and treat illness, they are all doctors, and practitioners of medicine—the single designation which is all-inclusive of the Healing Art. Since the basic legal definition of medicine includes the entire healing art, it embraces all therapies and all professions. It is an all-inclusive definition having to do with all sickness and all health. The confusion with respect to health, medicine, medical concepts and practices, is universal. It exists not only among laymen in every walk of life, but likewise among members of the Bar, the Courts, government officials and national, state and local legislators. This disordered thinking is also to be found among members of every branch, system and method of the healing art. The confusion finds its source in the erroneous concept that the words "medicine" and "medical" refer solely to drug and surgical practitioners and practice, while practitioners of other healing practices are incorrectly described as non-medical. With this fiction the public and all other practitioners of healing has been propagandized by the allopaths and their associations into believing that practitioners of drug and surgical medicine have the sole right to use "medicine" and "medical" as terms limited to and descriptive of their practice; and that no other branches, systems and methods of medicine are entitled to use "medicine" and "medical" in designating their philosophies, practices and themselves as practitioners.

Note, how the proper concept applies to legal procedure. An unlicensed practitioner who is arrested, be he a chiropractor, osteopath, or allopath, is charged with "practicing medicine without a license." He is not charged with practicing chiropractic, osteopathy, or allopathy without a license! The truth is that allopathic doctors are not aware of, nor trained in the application of the many efficacious therapies throughout the entire field of medicine, for allopathy is but the drug and surgical medicine sub-division of medicine. There are, without doubt, question or cavil, two divisions of medicine and

medical practice—Natural Medicine and Drug and Surgical Medicine. The Natural Medical or Natural Healing Division is subdivided into Manipulative Osteopaths, Chiropractors, Naturopaths and Naprapaths. The Drug and Surgical Division of medicine likewise includes Homeopaths, Allopaths, Surgeons and Drug and Surgical Osteopaths. Those of the Natural Medical division are as much branches of medical practice as are those of the Drug and Surgery Division; and chiropractic, osteopathic, naturopathic, and naprapathic treatments are as much medical practice as is the administration of a drug substance, such as digitalis, or the surgical removal of an appendix. These two divisions of medicine have the same general purpose, namely, to assist the patient to attain health, but each employs a different method to achieve its end. For example, Natural Medical Practice employs therapies ultimately to eliminate causes so their symptoms (effects) will be eventually eliminated. Contrariwise, Drug and Surgical practices utilize therapies primarily directed to reduction of symptoms leaving causes largely or completely untreated. As Brian Inglis said in *The Case For Unorthodox Medicine* (G. P. Putnam's Sons, N. Y. 1965):

> "Fundamentally, the distinction between orthodox and fringe medicine today is that orthodox treatment relies mainly on fighting disease with the help of drugs and surgery, whereas unorthodox treatment concentrates on stimulating the patient's constitution to fight on its own behalf, on the assumption that this is safer and more effective. The therapeutic idea and techniques of different faculties show wide variations, but they all rely mainly on the *vis medicatrix naturae*—the life force. Man has built-in recuperative powers which can be seen at work when a cut heals into a scar, without attention; and this process, all fringe practitioners agree, can be speeded up, sometimes to an astonishing degree, by suitable stimuli. They believe that, as Dr. Heinz

Graupner argued, it is the practitioner's task 'to hasten the mobilization of our own healing powers. If he succeeds, he can get results which far surpass those achieved by almost any other form of treatment.'

"The mechanism by which the life force cures is little understood, and the events which spark it into action are often unpredictable. Shock, for example, is a great stimulator—stories of deaf or blind men recovering their hearing or sight as a result of an accident are a commonplace. Another stimulator is the removal of repressed guilt by psychotherapy; another is by spinal manipulation. The essence of the fringe case is that the place of the life force as the essential therapeutic instrument is overdue for recognition. Any form of treatment that stimulates it, other things being equal, is desirable; any form of treatment that ignores or assails it (as many drugs do) is to be avoided—except in emergencies, where the life force is in such danger of being undermined or overwhelmed that it cannot be stimulated but must be temporarily replaced, as when lost blood is replaced by a transfusion. As Stefan Zweig put it, 'The essential aim of the healing art as applied to man must be not to interfere with the course of nature, but merely to strengthen the will to health which is ever ready to our hand.' "

The fundamental point is that the philosophy and practice of the Natural Healing Division of medicine and the practice and philosophy of the Drug and Surgical Division are so diametrically opposed to the philosophy and practice of the other as to make a unification of the two philosophies illogical, inconsistent, unreasonable, and contraindicated. It is not only unreasonable to give control of one to the other but unconstitutional and even dangerous, far more dangerous than even practice unregulated at all. It is very difficult, if not impossible, for a

practitioner fairly and impartially to serve two philosophies which oppose each other, be medically honest with himself, and therapeutically correct in treatment of his patient.

Natural Medical v. Drug and Surgical Practices

The Natural Medical practitioner knows that disturbed functionings produce symptoms, or effects of a secondary nature, and that the real or primary cause or causes lie elsewhere—in toxic accumulations, in structural malalignments, in muscular hypertensions or hypotensions, in fluid congestions, and in other interferences. These he strives to correct by natural means. He knows it is such obvious abnormalities as these which are responsible for extensive disturbed functions and their resulting symptoms. On the contrary, the Drug and Surgical practitioner usually tries to alleviate symptoms by the use of drugs and other substances foreign and toxic to the body, and which can be recognized in their true light as irritating and harmful additives. When the Drug and Surgical practitioner cannot relieve or suppress symptoms he often resorts to surgical interference to remove the parts he assumes are responsible. Faced with symptoms he interprets as due to excess functioning, the allopath prescribes foreign substances to which the body may react by reduction of function. And where he considers functioning to be less than normal, he uses foreign substances to which the body may react by increase of function. He attempts to cure a diseased action by the inducing of another disease with opposite symptoms. (allopathy: Oxford Eng. Dict.) In the majority of cases the allopath injects these toxic potions hypodermically, and considers by doing so he has discharged his professional duty. This philosophy and training definitely sets the limits of the allopath to this type of practice.

The Natural Medical practitioner takes a complete opposition position. He has a scientific explanation of how

the body functions. *His* plan for relieving the patient's symptoms is by *detoxifying* blood and tissues, by correcting structural malalignments, by relaxing muscle hypertensions, and by dissipation of soft tissue congestions. He knows that by a return to approximate normal circulation of nerve energy, blood and lymph, the patient's natural inherent powers of recovery will enable the body to rid itself of most of the toxicities and other interferences, so that the body's working power or capacity will be improved along with the patient's comfort. Health—never sickness—is the inevitable natural result of improved normal functionings. On the other hand, the allopathic and surgical practitioners bid nature stand aside and marvel at the wonders of man (who cannot even unscramble an egg), as he administers his drugs, injects his patients, or performs his operations. (According to a comprehensive article in the National Observer for the week ending July 29, 1972, by August Gribbin, 3,000,000 unnecessary operations are conducted each year with the result that "More than 3,000,000 persons needlessly undergo surgery each year, and that means 36,000 deaths.") These methods tend temporarily to alleviate symptoms, but actually increase tissue and fluid toxicities, in themselves causes of ill health.

In the light of the fact that these two inconsistent divisions of medicine can never compromise their differences and unite, because the philosophy, theory and practice of each is separate, conflicting and opposed, one to the other, it would make no sense for the Drug and Surgical practitioner to inject toxic material into the tissues of his patient, and then prescribe Natural Medicine—manipulations, hydrotherapy, etc. which he must know will detoxify the very same individual he has just toxified. If such practitioner is sincerely convinced of the efficacy of his toxic therapies, he certainly cannot believe the patient is better without them. There is another fundamental difference in treatment between natural medical and drug and surgical practitioners. The former enlists the aid of the forces and agencies of Nature to

eliminate interferences with the patient's natural innate powers of recovery, while the latter, with his treatment, usually interferes with the vis medicatrix naturae or healing power of nature. "Nature cures, not the physician," wrote Hippocrates. Christian Scientists, who, by and large, stay away from doctors, have one of the highest life expectancies in the United States. Wilkinson, *This Whole Medical Matter*, Center Report, April 1972, p. 25. The fact that only NATURE heals is the number one truism in therapeutics which the allopaths deny. The doctor does not care—be he a natural medical or drug and surgical practitioner. Artificial Medicine practiced by the allopaths is content with masking organic lesions, but never endeavors to prevent their occurrence. As Dr. Alexis Carrel, M.D. said:

> "For instance, insulin brings about the disappearance of the symptoms of diabetes. But it does not cure the disease. Diabetes can be mastered only by the discovery of its causes and of the means of bringing about the repair or the replacement of the degenerated pancreatic cells . . . The organs must be rendered capable of normally manufacturing these chemicals within the body . . . We have so far followed the easiest road . . . The hope of humanity lies in the prevention of degenerative and mental diseases, not in the mere care of their symptoms. The progress of medicine will not come from the construction of larger and better hospitals, of larger and better factories for pharmaceutical products. It depends entirely on imagination, on observation of the sick, on meditation and experimentation in the silence of the laboratory. And, finally, on the unveiling, beyond the proscenium of chemical structures, of the organismal and mental mysteries."

Alexis Carrel, M.D., 1912 winner of the Nobel Prize in Surgery, fully recognized the extreme limitations in the schools of allopathic and surgical medicine in his

monumental work, *Man, the Unknown*, just cited. The last four sentences at the end of the paragraph on page 207 read as follows:

> "We should ascertain whether natural resistance to infections could be conferred on man by definite conditions of life. Injections of specific vaccine or serum for each disease, repeated medical examinations of the whole population, construction of gigantic hospitals, are expensive and not very effective means of preventing diseases and of developing a nation's health. Good health should be natural. Such *innate* resistance gives the individual a strength, a boldness, which he does not possess when his survival depends on physicians."

The last two sentences of section 7 at the top of page 212 complete the above thought:

> "These weaklings and their descendants contribute, in a large measure, to the enfeeblement of the white races. We should perhaps renounce this artificial form of health and exclusively pursue natural health, which results from the excellence of the adaptive functions and from the inherent resistance to disease."

These arresting statements by Dr. Carrel, one of the most conservative drug and surgical authorities, is a damaging indictment of "this artificial form of health," and of those who practice it. It is also an authoritative endorsement of the superiority of the schools who practice Natural Health, dependent upon natural functioning power and natural immunity. Dr. Carrel stated that "Medicine has been paralyzed by the narrowness of its doctrines." (p. 283). At page 284 he went further and said ". . . people could be spared an infinity of diseases, both bodily and mental, and perhaps even the weakening of old age, if the causes of those troubles and all of the remedies with which nature has provided us were sufficiently

well known . . . It would become capable of building the individual according to natural laws. And of inspiring those who will have the task of leading humanity to a true civilization . . . The making of man requires the development of institutions wherein body and mind can be formed according to natural laws, and not to the prejudices of the various schools of educators. (p. 286) . . . There are as we know, two kinds of health, natural and artificial . . . Scientific medicine has given to man artificial health (p. 311)." *Man, The Unknown*. Actually, "artificial health" is illness because it is brought on by man, and it is neither genuine or natural. Over a century ago Dr. Russel T. Trall, after devoting over twenty years of his life to the study of, experimenting with, and practicing medicine, boldly renounced the practice and wrote a book under the title of *The True Healing Art*, in which he said:

> "Materia Medica is simply a list of drugs, chemicals, dye stuffs—in a word, poisons. They are all subversive to organic structure, all incompatible with vital functions; all are antagonistic to living matter. All produce disease. All are poisons. No physician has ever yet given to the world a reason that would bear the ordeal of one moment's scientific examination, why a sick person should be poisoned more than should a well person."

Dr. Trall's book, "*The True Healing Art*," found its source in his celebrated address given under the auspices of the Washington Lecture Association in the Smithsonian Institute, Washington, D.C. During the address Dr. Trall made the following statements:

> **WHEREAS,** "The doctrines and theories commonly entertained among men, and taught in medical schools and books, and practiced by the great body of the medical profession, and which constitute the so-called 'Science of Medicine' is predicated, are untrue

in philosophy, absurd in science, in opposition to nature, and in direct conflict with every law of the vital organism." (p. 16) AND SINCE "these are the reasons, and only reasons, why medical science does not progress as do all other sciences, why success in the healing art bears no due relation to the advancement of all the collateral sciences; and to the progress to the intelligence among mankind," (p. 16) THEREFORE THIS IS THE REASON, "why medical theories are everchanging; why all of its assumed principles are in controversy; its hypotheses in dispute; why its fundamental rules and primary premises are wholly overlooked or misunderstood; and why its application to the cure of disease and the preservation of health is so uncertain, so dangerous, often so fatal, and, on the whole, so vastly more injurious than useful to the world." (pp. 16-17).

In this same two and one half hour address on "*The True Healing Art*," Dr. Trall enunciated these conclusions:

"The Drug Medical System cannot bear examination. To explain it would be to destroy it, and to defend it even is to damage it. Its only safety consists in non-agitation, and all it asks is to be 'let alone.' " (p. 20).

"There are but two medical systems in existence—the Drug Medical System and the Hygienic Medical System. One employs poisons as the proper and natural remedies for diseases; the other employs normal or hygienic materials and agencies." (pp. 20-21).

"Drug medication, no matter in what disguise nor under what name it is practiced, consists in employing, as remedies for diseases, those things which produce disease in well persons. On the contrary, Hygienic Medication consists in employing, as remedial agents for sick persons, the same materials and influences which preserve health in well persons." (pp. 21-22).

"All history attests the fact that wherever the Drug Medical System prevails, dissolution marks its

track, human health declines, vital stamina diminishes, diseases become more numerous, more complicated, and more fatal and the human race deteriorates. On the contrary, wherever the Hygienic Medical System is adopted—*and there is no exception*—renovation denotes its progress, and humanity improves in all the relations of its existence." (p. 96)

"We are told that Nature has provided a 'law of cure.'—What is this law of cure?

"The allopaths say it is 'contraria contrariis curantur'—contraries cure opposites.

"The Homeopaths proclaim 'similia similibus curantur'—like cures similar.

"The Eclectics declare that the law exists in or consists in 'Sanative' medication.

"The Physio-Medicals believe that the law is fulfilled in the employment of 'Physio-Logical' remedies.

"They are all wrong; there is no law of cure in all the universe; Nature has provided nothing of the sort; Nature has provided penalties, not remedies . . . Would Nature ordain disease and suffering as the corrective discipline for disobedience to the laws of life, and then permit the doctor to drug and dose away the penalties? There is a 'condition' of cure, and this is 'obedience.' " (pp. 70-71)

Dr. Eli P. Miller, who was one of the most reputable physicians in New York City for 50 years summed it up correctly when he said:

"All drugs are more or less poisonous and many them deadly poisons. My experience has convinced me that more people die from the effects of the drugs given them, than from natural causes, or than would die without any drug treatment at all if they had received proper advice about food and hygiene. The very fact that Christian Scientists, who ignore drugs and doctors and heal through mental and spiritual

influences, have over one hundred thousand people in their ranks, many of whom have been individuals whom the doctors failed to cure, is positive proof that drugs are not necessary, but on the contrary a very great hinderance to Nature in her efforts to throw off poisons and cure disease."

Waterhouse put it more bluntly: "I am sick of learned quackery."

The Medical-Industrial Complex

Since it became evident that the war in Viet Nam is slowly drawing to a close and overt war will soon no longer remain a viable and stable market entity, the search is already on by the Merchants of Death for new markets. The Military-Industrial Complex which feeds on war has engendered serious political opposition. On the other hand, the market of sickness is virtually untapped. At least half of the nation does not even begin to receive adequate health care. This has given rise to a Medical-Industrial Complex operated by the same people as was and is the Military-Industrial Complex. Operated by the same people, the medical-industrial complex is not simply analogous to the military-industrial complex, but rather they are substantively alike. These Merchants of Death fully realize that only a wealthy market created by government support can ensure a profitable income from illness for the medical-industrial complex. Only the federal government has sufficient funds to insure adequate profit by influx of money. Just as there is no real profit in defense industry without two basic components, namely war and a federal government to purchase war goods and services, there is no real profit in the "health" racket industry without two basic components, namely, illness and a federal government to purchase illness-related goods and services. Because of the power of the defendant, the American Medical Association, medicine as a sector of the economy has lagged

behind in its development and only now can we observe the shift from the individual small entrepreneurs, represented by the American Medical Association, to the capitalist monopoly conglomeration, based in such institutions as university medical centers and Blue Cross and represented by such corporate liberals as Dr. John Knowles and Dr. Roger O. Egeberg. However, Knowles and his ilk are no more likely to resolve the contradiction of making huge profit from the people's sickness than the American Medical Association. The medical-industrial complex is composed of "liberal" doctors, hospitals, university medical centers, hospital suppliers and contractors, drug and insurance companies, nursing homes and "think tanks," certain banks and financial institutions, as well as a number of major defense contractors. Last, but far from least, are major government planning boards, agencies, and departments, including the Department of Defense. This conglomerate of corporations will be able to expand their profits continuously, plan accumulation, use, and promote their resources, manpower, capital, facilities, and materials, a decade or more into the future. Because of this necessity, it is inevitable that the conglomerate must be conferred the right to make public policy—or at least strongly to influence policy decisions, which is what both the medical and military-industrial complexes do. Both complexes are united ideologically in that both the medical and defense systems are operated exclusively for the primary purpose of insuring profits for both complexes. Everything else is coincidental or there to preserve an image of legitimization and an aura of service. The more government money is poured into the medical market place via the medical-industrial complex the more the illness system will behave precisely as any other industry in the general economic system. This medical system will be literally composed of and controlled by the same companies which have diversified into health areas or merged with illness-related industries or which have related to illness previously but are now buying into the more conventional business enter-

prises. The medical system is rapidly becoming a part of the American business system—only on this occasion the commodity will be the lives of Americans. Some of the major firms moving into the illness arena include Lockheed, Rand, Dupont and Dow—all Merchants of Death who have heavily profited from the influx of federal money in the business of war. The plan now is to diversify into, or merge with, illness-related industries and thus leech off any profit from the federal financial influx into the illness system and industry. In addition to the diversification process is the mechanism of conglomeration. Thus, for example, pharmaceutical firms now increasingly use their resources to research and develop cosmetics. These profit seekers now see the sickness industry as a "growth industry"—as an area for new investments. This could be the demise of the American Medical Association if it objects to the federal influx as government intervention. The medical-industrial complex will definitely oppose any such opposition because the AMA's solo practitioner prescribes fewer drugs, uses less equipment, and fewer facilities than does the corporate illness and hospital center—the retail outlet of the medical-industrial complex. For this reason the medical-industrial complex has little need or use for the AMA, which is often in a position to slow down the process of purchasing medical-industrial goods and services. Moreover, because the solo physician is inefficient in terms of the multiple dispensing, purchasing, and utilization of the complex's goods and services, the complex will increasingly turn away from the doctor as head of the illness team and replace him with one of the complex's own administrators, or even one of their own machines. Another development which could put the AMA out of business finds its source in the professional birth control policy enforced by the AMA long ago. This so-called shortage of doctors can be used as a gimmick by the complex to advocate group practices heavily staffed with nonphysicians, namely, so-called paraprofessionals, who will

eventually outnumber and in some situations outrank the M.D.'s and assume many of their responsibilities.

The structure of the medical-industrial complex is Fascist as it is a case where the complex controls the government agencies related to it. In such a situation, with the present-day enlightened youth, increasing in realization that whoever controls health care in America literally has power to determine life and death for millions of people, and in the realization that the people who brought the country into the Viet Nam war are the same people now vying for control of the sickness system, there could come a violent demand for wresting that control from selfish corporate interests and placing it in the hands of the American people. It is ironical that consumer groups are no longer alone in fighting for government subsidized health care. The medical-industrial complex is fighting harder than they are for it, but with a different objective. The consumers demand better health, the complex wants bigger profits, even in denial of better health. The aims are inconsistent. One or the other must survive. Both cannot exist together.

CONCLUSION

While this petitioner has adopted the petition of Mr. Frank O. Walther for the co-petitioners as counsel, he believes that this Court should also have this separate petition from the view of a chiropractor. This petitioner has a certificate to practice chiropractic in Ohio but in the light of the fact that the Ohio State Medical Association, the American Medical Association have both declared their intent to put chiropractic out of business in Ohio by all means available and that this is being presently implemented in Ohio by using the Ohio Medical Board as the weapon to carry out the threats made, this petitioner cannot afford to take the risk of bringing his wife and children to Ohio. Moreover, there seems to be a very slight chance that the Ohio legislature will ever authorize the formation of a chiropractic board, or give adequate representation to chiropractors on the present board in the near future. Only recently it is reported that the American Medical Association has given in graft and corruption to several politicians the sum of $65,000 to keep the Medical Board the way it presently stands. Included in this reported graft was $15,000 to Representatives William E. Minshall and Walter E. Powell; $10,000 to Representative Tennyson Guyer; $7,500 to Representative Samuel L. Devine; $6,000 to Representative Chalmers P. Wylie; $5,000 to Rep. Ralph S. Regula, and lesser amounts to Reps. Clarence E. Miller, Donald D. Clancy, J. William Stanton and John M. Ashbrook. This petitioner does not have sufficient resources to outbid the A.M.A. in the purchase of these legislators and must rely on this Court for such relief. The petition for writ of certiorari should be allowed.

Respectfully submitted,

TOM MORGAN,
Petitioner, in propria persona

APPENDIX

Excerpts from
Ohio Revised Code

CHAPTER 4731: PHYSICIANS: LIMITED PRACTITIONERS

§4731.01 State medical board. (GC §1261)

The governor, with the advice and consent of the senate, shall appoint a state medical board consisting of eight members who shall be physicians and surgeons licensed to practice in Ohio. Seven members of the board shall hold the degree of doctor of medicine and shall be appointed for terms of seven years. One member of the board shall hold the degree of doctor of osteopathy and shall be appointed for a term of four years.

§4731.02 Organization. (GC §1263)

The state medical board shall organize by the election of a president and a treasurer, who shall be members of the board, and a secretary who shall be a physician in good standing in his profession. Each of the officers shall serve for a term of one year, and the president and the secretary may administer oaths.

§4731.09 Requirements for admission. (GC §1270)

The state medical board shall appoint an entrance examiner who shall not be directly or indirectly connected with a medical college and who shall determine the sufficiency of the preliminary education of an applicant for admission to the examination. The minimum requirement shall be two years of collegiate work in an approved college of arts and sciences in addition to high school graduation. Provided that students already matriculated and enrolled in their professional colleges shall not be required to have the two years of college work but shall comply only with the preliminary requirements as existing and in effect at the time of their enrollment in their said colleges. In the absence of the foregoing qualifications,

the entrance examiner may examine the applicant to overcome deficiencies. When the entrance examiner finds the preliminary education of the applicant sufficient, he shall issue a certificate of preliminary examination upon the payment to the treasurer of the board of a fee of three dollars. Such certificate shall be attested by the secretary.

The applicant must also produce a diploma from a medical institution in the United States in good standing as defined by the board at the time the diploma was issued or produce a diploma from a school or college of osteopathy in the United States in good standing at the time the diploma was issued as defined by a committee consisting of the superintendent of public instruction of the state, a member of the board who holds the degree of doctor of medicine and a member of the board who holds the degree of doctor of osteopathy, or a diploma or license approved by the board which conferred the full right to practice all branches of medicine or surgery in a foreign country.

However, a person holding a diploma approved by the board which does not confer on him the full right to practice all branches of medicine or surgery in a foreign country may in the discretion of the board be admitted to the examination upon completion of a course of training approved by the board consisting of not less than twelve months of residency or internship in a hospital in the United States.

An applicant for a license to practice osteopathic medicine and surgery who is a licensed osteopathic physician or surgeon in this state and who is now practicing in Ohio, but who does not possess the minimum preliminary education required, shall be issued the credentials set forth in this section, provided he has been in practice in Ohio for a period of not less than five years and submits evidence, or affidavits, acceptable to the committee that he has taken postgraduate instruction, amounting in the aggregate to thirty-six weeks in a medical or osteopathic school or college or in a hospital. Credit shall be

allowed such applicant for collegiate work in an approved school of arts and sciences and for hospital internship.

§4731.15 Examination and registration of practitioners of limited branches of medicine or surgery. (GC §1274-1)

The state medical board shall also examine and register persons desiring to practice any limited branch of medicine or surgery, and shall establish rules and regulations governing such limited practice. Such limited branches of medicine or surgery shall include chiropractic, naprapathy, spondylotherapy, mechanotherapy, neuropathy, electrotherapy, hydrotherapy, suggestive-therapy, psychotherapy, magnetic healing, chiropody, Swedish movements, massage, and such other branches of medicine or surgery as the same are defined in section 4731.34 of the Revised Code, except midwifery and osteopathy.

§4731.16 Examination. (GC §1274-2)

The examination of all applicants shall be conducted under rules prescribed by the state medical board and at such times and places as the board may determine. Such examination shall be given in anatomy, physiology, chemistry, bacteriology, pathology, hygiene, diagnosis, and in such other subjects appropriate to the limited branches of medicine or surgery, certificate to practice which is applied for, as the board may require. Applicants for certificates to practice massage or Swedish movements shall not be examined in pathology and diagnosis.

§4731.17 Aid authorized in conducting examinations. (GC §1274-3)

For the purpose of conducting examinations provided for in sections 4731.15 and 4731.16 of the Revised Code the state medical board shall call to its aid any person of established reputation and known ability in the particular limited branch in which the examination is being held; and in the event that there is in existence a

state association or society of practitioners of any such limited branch of medicine or surgery, such association or society, except a state association or society of chiropodists, shall recommend the person to be designated for this service by the board. Any person called by the board to its aid, as provided in this section, shall receive for his services not more than ten dollars per day and his actual and necessary expenses to be fixed and allowed by the board.

If the applicant passes such examination and has paid the fee of twenty-five dollars, the board shall issue its certificate to that effect. Such certificate shall authorize the holder thereof to practice such limited branch of medicine or surgery as may be specified therein, but shall not permit him to practice any other branch of medicine or surgery nor shall it permit him to treat infectious, contagious, or venereal diseases, or to prescribe or administer drugs, or to perform major surgery, except that the board may adopt rules and regulations permitting in the practice of chiropody the use of such drugs as are necessary to such practice.

§4731.18 Board may dispense with examination (GC §1274-4)

The state medical board may dispense with the examination of applicants for limited certificates to practice a limited branch of medicine or surgery upon the same reciprocal conditions with respect to such limited branches as are provided in section 4731.29 of the Revised Code with respect to physicians and surgeons generally. In such cases the state medical board shall recognize national examining boards of the appropriate limited branches of medicine.

§4731.19 Board shall determine standing of school giving instruction. (GC §1274-5)

The state medical board shall determine the standing of the schools, colleges, institutions, or individuals giving instruction in limited branches of medicine or surgery.

If there shall at any time be such schools, colleges, institutions, or individuals giving instruction in such limited branches, the applicant for such certificate shall, as a condition of admission to the examination, produce a diploma or certificate from such a school, college, institution, or individual in good standing as determined by the board, showing the completion of the required courses of instruction.

The entrance examiner of the board shall determine the sufficiency of the preliminary education of applicants for such limited certificate as is provided in section 4731.09 of the Revised Code. The board may adopt rules defining and establishing for any limited branch of medicine or surgery such preliminary educational requirements, less exacting than those prescribed by such section, as the nature of the case may require.

§4731.20 Powers and duties of board. (GC §1274-6)

Sections 4731.07, 4731.08, and 4731.14 to 4731.28, inclusive, of the Revised Code shall govern the state medical board, all of the officers mentioned therein, and the applicants for and recipients of limited certificates to practice a limited branch of medicine or surgery. In addition to the power of the board to revoke and suspend certificates provided for in section 4731.22 of the Revised Code it may also revoke or suspend the certificate of any one to whom a limited certificate has been issued upon proof of violation of the rules or regulations established by the board governing such limited practice.

§4731.29 Admission from out-of-state.

When a physician or surgeon licensed by the licensing department of another state, a territory, or the District of Columbia, or a diplomate of the national board of medical examiners or the national board of medical examiners for osteopathic physicians and surgeons wishes to remove to this state to practice his profession, the state medical board may, in its discretion, issue to him a certificate to

practice medicine or surgery *or* osteopathic medicine and surgery without requiring the applicant to submit to examination, provided he meets the requirements for entrance as set forth in section 4731.09 of the Revised Code. The fee for registration in this manner shall be one hundred dollars. Application shall be made on a form prescribed by the board.

Any physician or surgeon of good moral character, holding a certificate authorizing him to practice medicine and surgery in another state, a territory, or the District of Columbia, and who is the holder of a diploma, from a legally chartered medical institution in the United States, which certificate and diploma were issued to him prior to February 25, 1925 and who is also the holder of a certificate issued to him under volume 108 Ohio Laws, Part 1, page 160, section 1, and has, by authority of such certificate issued under volume 108 Ohio Laws, Part 1, page 160, section 1, practiced in this state for a period of not less than five continuous years prior to February 25, 1925, may be admitted by the board to practice medicine and surgery in this state without examination, upon making application therefor and paying the fee required in this section.

§4731.34 Practicing medicine, surgery, or midwifery. (GC §1286)

A person shall be regarded as practicing medicine, surgery, or midwifery, within the meaning of sections 4731.01 to 4731.47, inclusive, of the Revised Code, who uses the words or letters, "Dr.," "Doctor," "Professor," "M. D.," "M. B.," or any other title in connection with his name which in any way represents him as engaged in the practice of medicine, surgery, or midwifery, in any of its branches, or who examines or diagnoses for compensation of any kind, or prescribes, advises, recommends, administers, or dispenses for compensation of any kind, direct or indirect, a drug or medicine, appliance, application, operation, or treatment, of whatever nature, for the cure or relief of a wound, fracture or bodily injury, infirmity, or

disease, provided that the treatment of human ills through prayer alone by a practitioner of the Christian Science church, in accordance with the tenets and creed of such church, shall not be regarded as the practice of medicine; and provided further that sanitary and public health laws shall be complied with, and that no practices shall be used which may be dangerous or detrimental to life or health and that no person shall be denied the benefits of accepted medical and surgical practices.

[§4731.34.1] §4731.341 Injunction proceedings.

The practice of medicine in all of its branches, the treatment of human ailments without the use of drugs or medicines and without operative surgery, or the practice of midwifery by any person not at that time holding a valid and current certificate as provided by Chapter 4725. or 4731. of the Revised Code is hereby declared to be inimical to the public welfare and to constitute a public nuisance. The attorney general, the prosecuting attorney of any county in which the offense was committed or the offender resides, the state medical board, or any other person having knowledge of a person engaged in the practice of medicine without having first obtained a certificate to do so pursuant to such chapters, may on or after January 1, 1969, in accord with provisions of the Revised Code governing injunctions, maintain an action in the name of the state to enjoin any person from engaging in the unlawful practice of medicine in all of its branches, or the treatment of human ailments without the use of drugs or medicines and without operative surgery, or the practice of midwifery, by applying for an injunction in any court of competent jurisdiction.

Prior to application for such injunction, the secretary of the state medical board shall notify the person allegedly engaged in the unlawful practice of medicine or any of its branches by registered mail that the secretary has received information indicating that this person is so engaged. Said

person shall answer the secretary within thirty days showing that he is either properly licensed for the stated activity or that he is not in violation of Chapter 4731. of the Revised Code. If such answer is not forthcoming within thirty days after notice by the secretary, the secretary shall request that the attorney general, the prosecuting attorney of the county in which the offense was committed or the offender resides, or the state medical board proceed as authorized in this section.

Upon the filing of a verified petition in court, the court shall conduct a hearing on the petition and shall give the same preference to this proceeding as is given all proceedings under sections 119.01 to 119.13, inclusive, of the Revised Code irrespective of the position of the proceeding on the calendar of the court.

Such injunction proceedings shall be in addition to, and not in lieu of, all penalties and other remedies provided in Chapter 4731 of the Revised Code.

§4731.39 Secretary of board shall enforce laws. (GC §1295)

The secretary of the state medical board shall enforce the laws relating to the practice of medicine, surgery, or midwifery. If he has knowledge or notice of a violation, he shall investigate the matter, and, upon probable cause appearing, file a complaint and prosecute the offender. When requested by the secretary, the prosecuting attorney of the proper county shall take charge of and conduct such prosecution.

§4731.40 Distribution of fines collected. (GC §12699)

All fines collected for violation of sections 4731.41 to 4731.45, inclusive, of the Revised Code, shall be distributed as follows: one half to the state medical board and one half to the treasury of the county or municipal corporation in which the offense was committed.

Order Further Extending Time to File Petition For Writ of Certiorari

Upon consideration of the application of counsel for petitioner(s), It is ordered that the time for filing a petition for writ of certiorari in the above-entitled cause be, and the same is hereby, further extended to and including October 27, 1972.

/s/ POTTER STEWART
Associate Justice

Dated this 13th
day of September, 1972.

IN THE

Supreme Court of the United States

October Term, 1972
No. 72-441

DR. SID E. WILLIAMS, DR. TOM MORGAN, et al.,
Petitioners

v.

DR. WALTER C. BORNEMEIER, et al.,
Respondents

On Petition for a Writ of Certiorari to the United States Court of Appeals for the Sixth Circuit

CERTIFICATE OF SERVICE

I hereby certify that on this 26th day of October, 1972, three copies of the Petition for Writ of Certiorari were mailed, postage prepaid to each of the following: William J. Brown, Attorney General of Ohio, and I. B. Marks, Assistant Attorney General, State House Annex, Columbus, Ohio, and James E. Pohlman, 37 West Broad Street, Columbus, Ohio, 43215, all attorneys for respondents. I further certify that all parties required to be served have been served.

TOM MORGAN,
Petitioner in Propria Persona

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